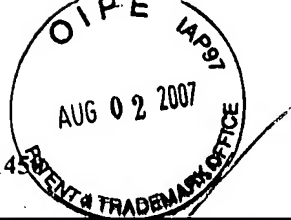


PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSU...
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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466 7590 05/03/2007

YOUNG & THOMPSON
 745 SOUTH 23RD STREET
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 ARLINGTON, VA 22202

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/580,366	07/12/2006	Piero Melloni	2503-1213	1722

TITLE OF INVENTION: CYCLOPENTYL DERIVATIVES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	08/03/2007
50/03/2007 AUGDAFE 02322063 10500366						
EXAMINER	ART UNIT	CLASS-SUBCLASS				
KUMAR, SHAILENDRA	1621	564-165000	US PC:1501 1400.00 US EU PC:1204 300.00 EU			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

NEWRON PHARMACEUTICALS S.p.A.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Bresso, Italy

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Benoit Castel

Date August 2, 2007

Typed or printed name

Benoit CASTEL #35,041

Registration No. #35,041

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Date: Thursday, August 02, 2007
Mail Stop Issue Fee
(PTOL-85B)

Name/Due Date	Docket No.	Serial No.	Fee Paid
MANFREDI 8/3/2007	2537-1020	10/524,201	700.00
		10/524,201	300.00
PONZINI 8/3/2007	2512-1111	10/493,429	700.00
		10/493,429	300.00
MELLONI 8/3/2007	2503-1213	10/580,366	1400.00
		10/580,366	300.00
PELLINEN 8/3/2007	3502-1055	10/830,060	700.00
		10/830,060	300.00
INOUE 8/3/2007	8074-1006	10/941,950	1400.00
		10/941,950	300.00
		10/941,950	3.00

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